

2:22-cv-0099 JDP (PC)

FORREST GRAY P-56116

Name and Prisoner/Booking Number

CALIFORNIA MEDICAL FACILITY

Place of Confinement

P.O. Box 2000

Mailing Address

VACAVILLE, CALIF. 95696-2000

City, State, Zip Code

FILED

MAY 13 2022

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

BY

Amc
DEPUTY CLERK

(Failure to notify the Court of your change of address may result in dismissal of this action.)

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA

FORREST GRAY

(Full Name of Plaintiff)

Plaintiff,

v.

CASE NO. 2:22-cv-0099 JDP (PC)

(To be supplied by the Clerk)

(1) DANIEL CASSIE

(Full Name of Defendant)

(2) J. DUEÑAS

(3)

(4)

Defendant(s).

☐ Check if there are additional Defendants and attach page 1-A listing them.CIVIL RIGHTS COMPLAINT
BY A PRISONER

JURY TRIAL DEMANDED

☐ Original Complaint☒ First Amended Complaint☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).☐ Other: _____

2. Institution/city where violation occurred:

CALIFORNIA Health CARE Facility Stockton, CALIF

B. DEFENDANTS

1. Name of first Defendant: DANIEL CASSIE. The first Defendant is employed as:
Registered Nurse at CALIFORNIA HEALTH CARE FACILITY.
(Position and Title) (Institution)
2. Name of second Defendant: J. DUEÑAS. The second Defendant is employed as:
CORRECTIONAL SERGEANT at CALIFORNIA HEALTH CARE FACILITY.
(Position and Title) (Institution)
3. Name of third Defendant: _____. The third Defendant is employed as:
_____ at _____.
(Position and Title) (Institution)
4. Name of fourth Defendant: _____. The fourth Defendant is employed as:
_____ at _____.
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☒ Yes ☐ No
2. If yes, how many lawsuits have you filed? 1 Describe the previous lawsuits:
 - a. First prior lawsuit:
 1. Parties: FORREST GRAY v. A MORRISON
 2. Court and case number: NORTHERN DISTRICT OF CALIF #3:18-CV-02608
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) DISMISSED
No, No
 - b. Second prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - c. Third prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION**CLAIM I**

1. State the constitutional or other federal civil right that was violated: Eighth Amendment
Cruel and Unusual Punishment

2. **Claim I.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input checked="" type="checkbox"/> Other: <u>Sexual Abuse (PREA)</u> | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim I. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

ON Thursday, June 3, 2021 at approximately 1250 hours in TTA Medical, I WAS
Seen by DANIEL CASSIE RN. What started out as A routine medical visit, turned
deadly, harmful, troubling, embarrassing and disgraceful.

With no other person present D. Cassie RN began to stretch and pull hard and
forcefully at the waist band of my elastic pants. Then fondled my
testicles and grabbed my penis with his hand. In his hand, He
bent over it and then hovered closely over it as if He wanted to
perform oral copulation on me, then and there. I know
Sexual Contact and Abuse when I see and feel it.

This happened to Willie Lee Brooks, II, but he did not give
any details. CDC P16665

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

It was Harmful, Troubling, embarrassing and disgraceful

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim I? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim I to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

CLAIM II

1. State the constitutional or other federal civil right that was violated: Fourteen Amendment
Deliberate Indifference

2. **Claim II.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|---|---|---|
| <input checked="" type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input checked="" type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim II. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

On June 3, 2021 after leaving TIA Medical, I was so distressed and troubled that in shame I reported what happened with Mr. Cassie to Correctional officer Hue 3rd/watch building staff #8 I also told mental Health staff and my two building Psychologist both were notified with verity.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim II? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim II to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

CLAIM III

1. State the constitutional or other federal civil right that was violated: Fourth Amendment - Unreasonable Searches

2. **Claim III.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input checked="" type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim III. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

ON Thursday June 3, 2021 Dr. CASSIE RN did an unreasonable body search of my genitals. This unwanted sexual touching made me very uncomfortable. I was at medical ITA for Rheumatology. This unwanted sexual abuse caused nightmares, emotional and physical distressed of mind and body.

Mr. Dr. CASSIE RN, Not only did a body search, but put my penis in his hand feeling all over it and then started playing and fondling my testicles. This was not part of the Doctor's examination. There were two other people this was done to Willie Brooks II CDCR # P16665 at CHCF

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim III? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim III to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.

E. REQUEST FOR RELIEF

State the relief you are seeking:

Declare that the acts, conditions and omissions violated Plaintiff's
fourteen, eighth and fourth Amendment Rights to the U.S. Constitution
under color of State law.
Award money damages, compensatory, punitive and nominal damages
in the amount of \$61,950 ~~or~~ 2018 any and all further
relief that the court deems proper and just.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 5-8-22
DATE

Forrest Gray
SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or
other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



Headquarters' Level Response

Closing Date: MAR 15 2022

To: GRAY, FORREST (P56116)
California State Prison – Sacramento
P.O. Box 290001
Represa, CA 95671-0002

From: California Correctional Health Care Services
Health Care Correspondence and Appeals Branch
P.O. Box 588500
Elk Grove, CA 95758

Tracking #: CHCF SC 22000011

RULES AND REGULATIONS

The rules governing these issues are: California Code of Regulations, Title 15; Health Care Department Operations Manual; Mental Health Services Delivery System Program Guide; California Department of Corrections and Rehabilitation Department Operations Manual.

HEALTH CARE GRIEVANCE SUMMARY

Refer to the attached CDCR 602 HC, Health Care Grievance, in which you explained the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health or welfare for which you seek administrative remedy.

The institutional level reviewing authority categorized your health care grievance as a staff complaint.

HEADQUARTERS' LEVEL DISPOSITION

☒ No intervention. ☐ Intervention.

BASIS FOR HEADQUARTERS' LEVEL DISPOSITION

The institutional level reviewing authority referred the allegation of staff misconduct to the applicable authority for an allegation inquiry or investigation per California Code of Regulations, Title 15, Section 3999.231(b).

Complaints against staff are taken seriously and all efforts are made to ensure these matters are thoroughly researched and responded to in accordance with governing laws, rules, and policies. However, it is not in the purview of grievants to dictate administrative actions regarding health care grievance review, disciplinary measures, or adverse action against staff. Any report generated or action taken is confidential and will not be released to inmates under any circumstances. You have been provided all information to which you have a right under California Code of Regulations, Title 15, Section 3999.231.

Note 1: The Headquarters' Level Review is based on records available as of the date the Headquarters' Level Response is signed by the reviewing authority.

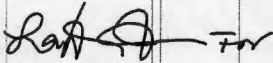
Note 2: The Closing Date reflects the closed, mailed/delivered date to the health care grievance.

F.GRAY, P56116
CHCF SC 22000011
Page 2 of 2

Monetary compensation is outside the jurisdiction of the health care grievance process.

If you have health care needs, you may access health care services by utilizing approved processes in accordance with California Correctional Health Care Services policy.

This decision exhausts your administrative remedies.



S. Gates, Chief
Health Care Correspondence and Appeals Branch
Policy and Risk Management Services
California Correctional Health Care Services

March 15, 2022

Reviewed and Signed Date

Note 1: The Headquarters' Level Review is based on records available as of the date the Headquarters' Level Response is signed by the reviewing authority.

Note 2: The Closing Date reflects the closed, mailed/delivered date to the health care grievance.

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

P.O. Box 588500
Elk Grove, CA 95758

STATE OF CALIFORNIA
HEALTH CARE GRIEVANCE
CDCR 602 HC (Rev. 10/18)DEPARTMENT OF CORRECTIONS AND REHABILITATION
Page 1 of 2

STAFF USE ONLY	Expedited? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Tracking #:
H. Paul, RN	CHCF HC 22000094	CHCF SC 22000011
Staff Name and Title (Print)	Signature	Date

If you think you have a medical, mental health or dental emergency, notify staff immediately. If additional space is needed, use Section A of the CDCR 602 HC A Health Care Grievance Attachment. Only one CDCR 602 HC A will be accepted. You must submit this health care grievance to the Health Care Grievance Office for processing. Refer to California Code of Regulations (CCR), Title 15, Chapter 2, Subchapter 2, Article 5 for further guidance with the health care grievance process.

Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI):	CDCR #:	Unit/Cell #:
GRAY, FORREST	P-56416	B-5A123

SECTION A: Explain the applied health care policy, decision, action, condition, or omission that has had a material adverse effect upon your health or welfare for which you seek administrative remedy: (PREA-APPEAL) (15 CCR 333401.5 and 3401.6; 3084

(C)(1),(d)(1)), Sexual Abuse. On Thursday, June 3, 2021 at approximately 1250 hours in TTA, I was seen by Mr. CASSIE, RN. What started out as a routine medical visit, turned deadly, harmful, embarrassing and disgraceful. With NO other person present Mr. CASSIE, RN, began to touch and fondle my PENIS and caressing my TESTICLES with his hand. He leaned over his head right over my PENIS as if given any sign of receptivity from me. He would have FELLATIO ME right there. This unwanted Sexual Touching made me very uncomfortable and gave me the creeps. There's (NO) misunderstanding or wrong belief on my part. At age of 60 years, I know the difference between Sexual Touching and how CDCR, conducts medical examinations of this nature. Always with more than one RN, present. Mr. CASSIE, RN, shared what HE saw with many Female Staff members, working with HIM, that same day. So that Female Staff members can pass on the information to other Females at CHCF as prison gossip.

Supporting Documents Attached. Refer to CCR 3999.227 ☐ Yes ☒ No

Grievant Signature: Forrest Gray Date Submitted: 1-13-22

BY PLACING MY INITIALS IN THIS BOX, I REQUEST TO RECEIVE AN INTERVIEW AT THE INSTITUTIONAL LEVEL. ☒ F.B.

SECTION B: HEALTH CARE GRIEVANCE REVIEW INSTITUTIONAL LEVEL: Staff Use Only	Is a CDCR 602 HC A attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
This grievance has been:	
<input type="checkbox"/> Rejected (See attached letter for instruction): Date: _____ Date: _____	
<input type="checkbox"/> Withdrawn (see section E)	
<input checked="" type="checkbox"/> Accepted	
Assigned To:	Title:
Interview Conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Interview:
Interviewer Name and Title (print):	Signature:
Reviewing Authority Name and Title (print):	Signature:
Disposition: See attached letter <input type="checkbox"/> Intervention <input type="checkbox"/> No Intervention	Date:

HCGO Use Only: Date closed and mailed/delivered to grievant:

1. Disability Code: <input type="checkbox"/> TABE score ≤ 4.0 <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> DDP <input type="checkbox"/> Not Applicable	2. Accommodation: <input type="checkbox"/> Additional time <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> Louder <input type="checkbox"/> Slower <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other*	3. Effective Communication: <input type="checkbox"/> Patient asked questions <input type="checkbox"/> Patient summed information Please check one: <input type="checkbox"/> Not reached* <input type="checkbox"/> Reached *See chrono/notes
4. Comments: 6.0 TABE	RECEIVED CHCF JAN 19 2022 HCGO	COMPLETED FEB 07 2022 CHCF FEB 07 2022 COMPLETED STAFF USE ONLY HCCAR HCGO MAR 15 2022 RECEIVED HCCAR FEB 17 2022

STATE OF CALIFORNIA
HEALTH CARE GRIEVANCE ATTACHMENT
CDCR 602 HC A (10/18)DEPARTMENT OF CORRECTIONS AND REHABILITATION
Page 1 of 2

STAFF USE ONLY

Tracking #: ~~SC 22000011~~
~~CHCF HC 22000094~~Attach this form to the CDCR 602 HC, Health Care Grievance, only if more space is needed. Only one CDCR 602 HC A may be used.
Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI):

GRAY FORREST

CDCR Number:

P-56116

Unit/Cell Number:

B-5A 123

SECTION A

Continuation of CDCR 602 HC, Health Care Grievance, Section A only (Explain the applied health care policy, decision, action, condition, or omission that has had a material adverse effect upon your health or welfare for which you seek administrative remedy):

I was so emotionally distressed by what had just happened to ME, at the hands of Mr. CASSIE, RN, That in shame, I reported it to 3rd/Watch Correctional Office HUE, in My housing unit, Building #8. And to the Buildings Mental Health Staff and Psychologists. Building Staff, notified Sergeant, J. DUENAA, who refused to take a written PREA, report. Since the SEXUAL ABUSE and the details about MY PENIS SIZE, was shared with TTA office Female Staff members. I feel used and violated and very disappointed in Mr. CASSIE, actions and am completely SHOCKED at HIS BEHAVIOR, along with HIS petty gossip.

ACTION REQUESTED

Formal Investigation pursuant to (15 CCR§ 3484(a)(2)) into Mr. CASSIE, RN, and those Females at TTA, acting in consort with HIM, In HIS SEXUAL, perverse Exploitations of Inmates at CHCF, Constructive Discipline pursuant to Medical Code of Ethics.

Grievant Signature:

Forrest Gray

Date Submitted:

1-13-22

SECTION B: Staff Use Only: Grievants do not write in this area. Grievance Interview Clarification. Document issue(s) clarified during interview.

Name and Title:

Signature:

Date:

RECEIVED CHCF JAN 19 2022 HCGO	COMPLETED CHCF FEB 07 2022 HCGO	RECEIVED HCCAR FEB 17 2022	COMPLETED HCCAR MAR 15 2022
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STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

HEALTH CARE GRIEVANCE

CDCR 602 HC (Rev. 10/18)

Page 2 of 2

Tracking #: CHCF HC 22000094

SECTION C:

Health Care Grievance Appeal. If you are dissatisfied with the Institutional Level Grievance Response, explain the reason below (if more space is needed, use Section C of the CDCR 602 HC A), and submit the entire health care grievance package by mail for Headquarters' (HQ) Level health care grievance appeal review. Mail to: Health Care Correspondence and Appeals Branch, P.O. Box 588500, Elk Grove, CA 95758.

Dissatisfied, Because No one is excepting responsibility for there actions. Personally I believe she was manipulated some how. Those people don't behave in an aggressive manner. Max Compensation on All Levels awarded.

Grievant Signature:

Forrest Gray

Date Submitted:

2-13-22

SECTION D: HEALTH CARE GRIEVANCE APPEAL REVIEW HQ LEVEL: Staff Use Only

Is a CDCR 602 HC A attached? ☒ Yes ☐ No

This grievance has been:

☐ Rejected (See attached letter for instruction):

Date:

Date:

☐ Withdrawn (see section E) ☒ Accepted☐ Amendment Date:

Interview Conducted?

☐ Yes☒ No

Date of Interview:

Interview Location:

Interviewer Name and Title (print):

Signature:

Date:

Disposition: See attached letter

☐ Intervention☒ No Intervention

This decision exhausts your administrative remedies.

HQ Use Only: Date closed and mailed/delivered to grievant:

MAR 15 2022

SECTION E:

Grievant requests to WITHDRAW health care grievance: I request that this health care grievance be withdrawn from further review. Reason:

Grievant Signature:

Date Submitted:

Staff Name and Title (Print):

Signature:

Date:

RECEIVED CHCF JAN 19 2022 HCGO	COMPLETED CHCF FEB 07 2022 HCGO	STAFF USE ONLY	
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Distribution: Original - Returned to grievant after completed; Scanned Copy - Health Care Appeals and Risk Tracking System 2.0 (Do not place in central file or health record)

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